CA2 SA
H 35
R08A96
c.2

Saskatchewan Health

ANNUAL REVIEW

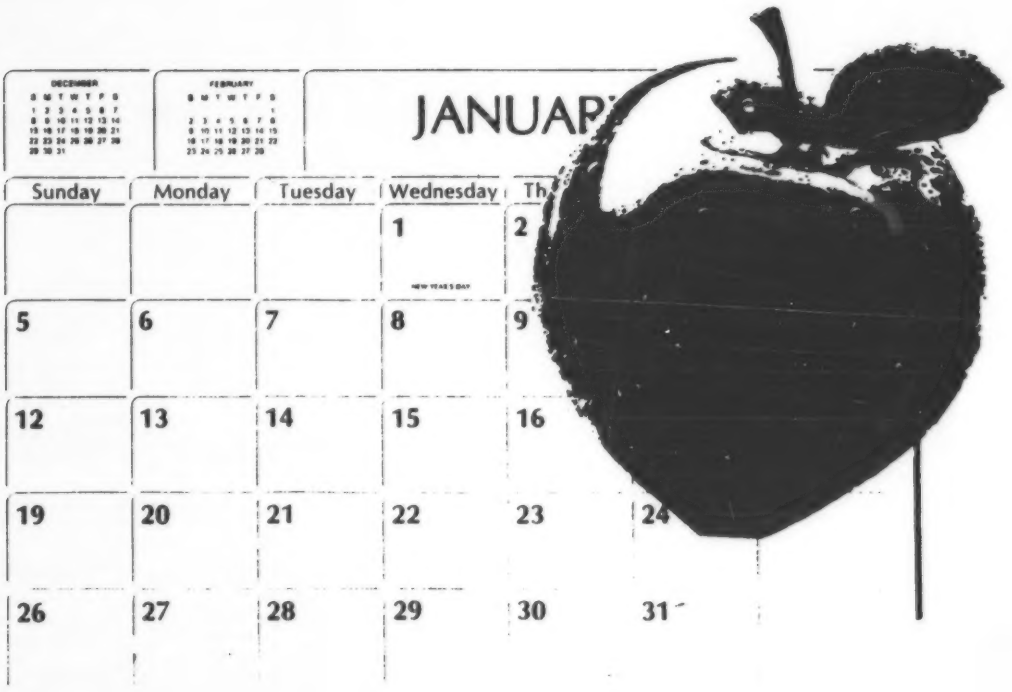
1985-6

SASK. LEGISLATIVE LIBRARY
NOV 4 1986
REGINA

Saskatchewan Health

Community Services

SASKATOON RURAL REGION



92-02153/

TABLE OF CONTENTS

	Page
Report from the Chairman of the Board	1
Report of the Director and Medical Health Officer . . .	2
Health Region Statistics: Vital Statistics, Communicable Disease Statistics, Common Causes of Death	4
Public Health Nursing Report	5
Public Health Nursing Statistics	7
Public Health Inspection Report	8
Public Health Inspection Statistics	9
Speech/Language Pathologists' Report	19
Speech/Language Pathology Statistics	11
Early Childhood Psychology Report	12
Early Childhood Psychology Statistics	12
Chiropody Report	13
Chiropody Statistics	14
Public Health Nutritionist's Report	15
Public Health Nutritionist's Statistics	16
Personnel and Regional Board Members	17
District Health Council Representatives	18

REPORT FROM THE CHAIRMAN OF THE BOARD

I am pleased to report that considerable progress has been made in setting out the roles of Regional Boards of Health in providing health care to the people of Saskatchewan. Now it is up to us as members of the Regional Boards to respond and help the health professionals to make ever continuing progress in providing preventive medicine to the people of our region.

A manual has been prepared setting out the responsibilities of the various Boards, Councils, professionals and staff and I recommend this manual to your careful perusal and consideration.

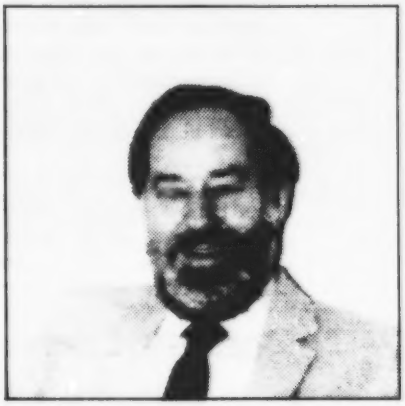
I also want to encourage all Municipal Health Representatives to make use of the many services offered by the staff of the Health Region by making Municipal Councils and members of their communities aware of these services so they can be fully utilized.

I wish to thank those members of the Regional Board of Health who have been so supportive of me during the past year. Without your cooperation there is no way we can continue to be effective in the health field.

On behalf of myself, my wife and all the members of the Board I wish to offer our sincere sympathy to Dr. H. Kinman on the death of his wife.

Ian H. Stockan

REPORT OF MEDICAL HEALTH OFFICER



The year under review has been an active and interesting one. It has also been one which has seen changes and difficulties.

Staff

We were saddened at the accident which occurred to Miss Betty Drabinasty. She has been away from work now for eight months, but I am pleased to report that she is now making progress. As a result of this, we wre without the services of any full-time supervisory nursing staff. We were grateful to Rosetown Health Region for lending us Fay St. Marie on a part-time basis.

During the year under review Mrs. Helen Bartlett, Regional Nursing Supervisor, retired after long service. We wish her well in her retirement and thank her for her dedicated service to the region.

Mr. Carmen Caswell, Senior Public Health Inspector who we share with Prince Albert, was away sick for some months. We are happy to report his return to work.

The services of a nutritionist, Miss Marilee McDermott, are shared with Prince Albert. We welcomed Marilee to our staff this year.

Again, we are pleased to report a full complement of Public Health Inspectors. They are experiencing some difficulty in maintaining full services and their available time is stretched to the limit. There is so much more which could be done with a fuller complement of inspectorate staff.

The chiropody program has settled to a routine. The waiting lists grow and another chiropodist could well be used.

Health Region Activities

As we are engaged in preventive health activities, health education is considered an important part of our work. To this end, our nurses have held pre-natal classes and child development services for parents. The inspectors have continued with services for food handlers, and our nutritionist gives talks to schools and various organizations on tne values of proper nutrition.

The pre-school core services program in which we offer a sophisticated and multi-faceted examination of pre-school children has been a year of trial. We are pleased with the service and our nursing staff has now settled to the routine. This extra service has required an increase in the numbers of clinics held and a longer time for each examination. We look forward to future assessments of this service and trust that it will be successful.

Our offices are now mainly smoke-free. We have felt that health agencies should lead in this respect and now there is only one room available for smokers. We hope that our experience will encourage other organizations to offer smoke-free work places.

Communicable Disease

Public Health organizations were traditionally founded to combat communicable disease. Whilst our duties and interests have widened, we still are very much involved in the struggle against infections. The immunization program has our first priority.

With the rest of Canada, we experienced a resurgence of measles this last year. We did not have as many reported cases as in some areas, but rubeola certainly did reach our community. Our high rate of immunization restrained the outbreak and we are pleased to report that we had fewer cases than we expected. Other viral diseases, such as fifth disease (erythema infectiosum) complicated the picture.

Hepatitis A and other gastro-intestinal infections continue to be reported and we are concerned on this point. Our food handlers' courses should help.

Influenza A cases last winter increased slightly. This is especially distressing to the elderly and those with chronic debilitating illness.

Duties in the Other Region

The Medical Health Officer continues to serve the Prince Albert Region. The psychologist goes to Rosetown and one speech/language pathologist holds a clinic in the Melfort Region.

Vital Statistics

Statistics can give vital information on the health of a community. They may appear to be dull facts, but they can tell an interesting story.

Our small population base may make it difficult to assess accurately the meaning of certain changes in our data from year to year, but it is obvious that the trends show that we live in a healthy community.

I wish to thank the Regional Board of Health and the chairman, Mr. Ian Stockan, for their support and encouragement during the year under review. I have also enjoyed the loyal support of an efficient staff. It has been a pleasure to be associated with such a dedicated group of workers. I look forward to another year of this pleasant association.

Dr. H. L. Kinman

HEALTH REGION STATISTICS

Vital Statistics	1983	1984	1985
Population		49,369	49,119
Births	867	812	909
Deaths	267	264	206
Infant Deaths	12	5	10
Neonatal Deaths	8	3	7
Perinatal Deaths	14	5	8
Still Births	7	2	1
Infant Death Rate	13.84	6.16	11.00
Perinatal Death Rate	16.02	6.14	8.79
Communicable Disease Statistics			
Gastro-enteritis (viral)	8	3	1
Gastro-enteritis (bacterial)	3	14	8
Gonorrhoea	13	26	17
Hepatitis A	1	12	12
Hepatitis B	-	4	1
Salmonellosis	22	14	-
Meningitis (viral)	7	5	3
Meningitis (bacterial)	1	3	1
Tuberculosis (respiratory)	1	-	4
Rubella	1	2	-
Rubeola (measles)	-	-	-
Mumps	-	4	-
Pertussis (whooping cough)			2
Giardiasis			8
Common Causes of Death			
Cancer of Lung	20	16	14
Other Cancers	51	50	48
Ischaemic Heart Disease	64	61	76
Pulmonary and Other Heart Disease	17	20	16
Cerebro Vascular Disease	26	20	15
Other Diseases of Circulatory System	10	4	5
Other Diseases of Respiratory System	22	25	22
Accidents (Transport)	11	12	15
Accidents (Other)	8	6	6
Suicide	4	6	5

ANNUAL REPORT/PUBLIC HEALTH NURSING

Nursing services in the region have continued at a steady pace. All Child Health Centers have been held as scheduled and the nursing staff have worked hard to fill the gaps left by maternity and illness leave and by position vacancies.

Services provided include the following:

A. Preschool Core services

This program has seven components and has increased and upgraded services to preschoolers. Four-year-olds are proving quite co-operative and the program is being accepted well and utilized by the families.

The seven components are:

(1) Physical assessment. This includes measurement of growth and assessment for detection of congenital hip dislocation.

(2) Developmental screening. This helps the nurse pick out children who are having difficulty in any area of development. Some have been referred to the Educational Psychologist where help was needed, e.g. behavioral problems and/or learning problems.

(3) Hearing screening. Infant and preschoolers are checked for potential hearing loss and follow-up is initiated if necessary.

(4) Speech and language screening. Early identification of children with potential deficits are being picked up and referrals to the Speech and Language Pathologist are being made.

(5) Vision screening. Is now at 4 years and up to the present time few referrals have been made in proportion to the number screened.

(6) Hearing screening. In time, infants are assessed who are at risk for hearing loss. Earlier detection is the aim of the program and to date there has been an increase in referrals for further assessments.

(7) Immunization maintenance of the levels of immunization are

important. Coverage is generally very good in our region and families are informed and aware of the benefits gained by following the schedule as recommended.

B. Senior Citizens

Visits to the elderly are down due to increase involvement of Home Care staff. Also, PHN's have spent more time on the pre-school core program, as outlined above, leaving less time for home visiting to senior citizens.

Home visits to elderly patients requiring S.A.I.L. equipment have increased over the past year, though in many cases Home Care is providing this service and follow-up care.

C. Prenatal Classes

Little change from previous years has occurred. Moms expecting their first baby are more likely to attend and fathers are coming along enthusiastically.

D. School Program

Evaluation and possible change is in the process of development for next year. Scoliosis has been discontinued as evaluation showed little in the way of valuable results.

E. Health Education

Health education with groups in communities has included topics such as Breast Self Examination; Parenting; Fetal Development; and Prenatal Care (to Grade XII students) to mention just a few. One of our staff helped with three parenting workshops planned with the Early Childhood Psychologist and the Speech/Language Pathologist. The subject was developmental needs of three-four year olds.

F. Counselling

This is on-going and has been integrated into all aspects of the PHN's work.

OTHER MATTERS

Staff Changes

Mrs. Helen Bartlett, Regional Nursing Supervisor, retired this year, after long service with the region.

Fay St. Marie from Rosetown acted as RNS in the absence of Betty Drabinasty.

Beverly Thompson was appointed PHN II (she has worked extremely hard giving guidance and supervision throughout a period of innovation and change).

Daphne Goodman-Eifler went on maternity leave in March, 1986.

Jhansi Koneru returned in December following a six month leave of absence.

Mary Barilla returned from maternity leave in December, 1985.

Colleen Muench and Cathy Martin commenced as PHN I's in December, 1985.

Nursing Students

The Kelsey Nursing program students gained by participation in CHC's and home and school visits.

Due to the staff shortage we were unable to accept nursing students from the U of S for field experience this year.

As I am a new comer to Saskatoon Rural Health Region much of what I have written has been gleaned from the Public Health Nurse I's, and reflects their diligent work throughout the past year. Others of the Saskatoon Rural Health Region Staff have also filled me in with details of developments in the nursing field.

My thanks to all for a splendid orientation to the temporary position of Regional Nursing Supervisor. I am indebted to each one and especially to Dr. Kinman who has made it easier for me to make the adjustment from "the north" to Saskatoon Rural.

Margaret Wood
Regional Nursing Supervisor

PUBLIC HEALTH NURSING SELECTED STATISTICS

	1984-85	1985-86
Home Visits		
Services given	2,937	2,681
Child Health Conferences	825	971
Prenatal		
Home Visits	328	30
Other Interviews/Contacts	340	266
Classes Held	83	87
1st time at class - Mother	132	151
1st time at class - Father	122	128
Total mothers attended	508	511
Total fathers attended	457	424
Postnatal		
Total home visits	650	613
Other Interviews/Contacts	108	158
Infant Services		
CHC Attendance	2,663	2,789
Home Visits	803	721
Other Interviews/or other contacts	250	335
Preschool		
CHC Attendance	3,587	3,579
Home Visits/or other contacts	976	778
School		
Students seen in school	6,977	4,488
Students interviewed other than school	65	77
Discussed with parents	1,053	854
Adult Services		
Home visits - under 65	523	335
- over 65	577	319
Conferences - under 65	273	232
- over 65	102	92
Special Home Visits		
Mentally Handicapped	34	11
Mentally Ill	5	2
Physically Handicapped	117	34

PUBLIC HEALTH NURSING SELECTED STATISTICS
(Continued)

	1984/85	1985/86
Rehab. Aids to Independent Living		
Home visits for equipment and follow-up	686	685
Interviews/Contacts	73	112
Group Education Sessions		
Meetings held	36	23
Total attendance	884	412
Immunization		
Infants (0-1st birthday)		
DPT-1st	749	808
DPT-2nd	711	770
DPT-3rd	895	681
OPV-1st	768	813
OPV-2nd	775	784
OPV-3rd	688	696
Preschool (1st to 7th birthday)		
DPT-1st	13	13
DPT-2nd	38	25
DPT-3rd	67	67
Recall	1,583	1,784
OPV-1st	16	20
OPV-2nd	49	31
OPV-3rd	1,885	1,904
Measles, Mumps and Rubella	920	911
Children (7th birthday to leaving school)		
DT Recall	867	751
Communicable Disease		
Home visits	6	95

PUBLIC HEALTH INSPECTION SERVICES

Objective - To safeguard public health and safety endangered by physical, chemical and biological hazards. Services include educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act. Inspections are carried out on apartment blocks; bakeshops; barber and beauty culture establishments; fumigation and hydrocyanic acid; hotels and motels; milk and certain milk products; mobile homes; plumbing and drainage; public eating establishments; sanitation; sawmill, lumber and mining camps; shoreland pollution; swimming pools; and tourist accommodation.

Inspections are carried out for a wide variety of conditions in institutions, retail stores, recreation areas, etc. Inspection and consultative services are also provided to other agencies. These agencies include schools, hospitals, intensive livestock operations, day care centres, special-care homes and approved homes. Microwave ovens in commercial establishments are also checked regularly for Occupational Health and Safety Division, Saskatchewan Labour.

Inspections relating to food are directed at food manufacturing operations, storage facilities, transportation systems and retailing operations.

All private sewage systems, especially those located in environmentally sensitive locations such as shoreline areas, are inspected during construction and upon request.

Public health inspectors enforce regulated standards for site planning of offensive trades and provide assistance to other government agencies in monitoring various emissions and in performing field inspections.

To ensure that public facilities are free from physical, chemical or biological hazards, this branch regularly and continuously monitors public accommodations, residential facilities and personal service establishments. Such monitoring ensures compliance with minimum standards of ventilation, sanitary facilities, water supplies, waste disposal, and insect, rodent and vermin control.

Carman Caswell
Senior Public Health Inspector

NUMBER OF FACILITIES AND ACTUAL ON-SITE VISITS OR INSPECTIONS
PUBLIC HEALTH INSPECTION SERVICES

	Number of:			Hours						
	Facilities	Inspections	Field Visits	Facility Related	%	General Services	%	Office Services	%	Total
March 31, 1982	N/A	N/A	N/A	3148	37	3033	35	2379	28	8460
March 31, 1983	720	N/A*	N/A*	N/A*	35	N/A*	33	N/A*	33	N/A*
March 31, 1984	760	545	1706+	2011+	40+	1560+	31	1430+	29	5001+
March 31, 1985	857#	865	1224	2503	42	1616	27	1774	30	5893
March 31, 1986	726•	502	726	1567	31	1325	26	2210	43[3]	5102[1,2]

* - Not available - computer program error

\+ - Due to staff vacancies special assistance provided by Health Regions 10 and 11

• - Facilities transferred to Saskatchewan Environment were removed from files
(Municipal Water and Sewage Works, Liquid Waste Transport and Disposal, Solid Waste Disposal Sites)

\# - Regional Survey updated existing facilities

Notes: 1. Since October 1, 1984 Senior Inspector services shared half-time with Prince Albert Health Region

2. Inspector II position vacant 1982 to June 1985.

3. Planning and implementation of major revisions to administrative procedures and reorgnization of field activities resulted in the noted increase. (This index has since reverted to average values for previous years).

REPORT OF SPEECH/LANGUAGE PATHOLOGISTS

Colleen Kells

Karen Slegel

The Speech/Language Pathologists of the Saskatoon Rural Health Region provide services to those with communication handicaps. These handicaps may be the results of physical problems such as a cleft palate, hearing loss, stroke or brain damage, or cerebral palsy, or may have no cause but be noticable as delayed development of language, speech that is difficult to understand, a voice that is hoarse, nasal, or breathy, or speech that is interrupted by repetitions and hesitations.

Referrals are received from concerned parents or family, Public Health Nurses, doctors, and other agencies. Clients are seen for evaluation and recommendations made for methods to help them improve their communication skills. This may involve suggestions for home activities to parents and family, consultation with others who are working with the client, or direct speech and language therapy. Referrals are made to other professional workers or agencies as necessary. When a child is referred to another agency, when they enter school, or when several agencies are involved in providing services for the same family, attempts are made to meet with the other workers involved to insure that a co-ordinated program for the client is provided.

In the Saskatoon Rural Health Region, clinics are held in Saskatoon by both Speech/Language Pathologists. Miss Slegel is responsible for the Lanigan District Health Office and the Humboldt District Health Office of the Melfort-Tisdale Health Region. Miss Kells is responsible for the Watrous and Davidson District Health Offices. The majority of the speech /language pathology caseload involves preschool children, although some adults receive services.

Both Speech/Language Pathologists contributed during 1985/86 to the development and implementation of the Preschool Core Screening Program conducted by the Public Health Nurses. During the three-year-old visit, the speech and language skills of the children are formally screened, while during visits at other ages, a more informal evaluation of the child's communication skills is conducted. This has resulted in an increased number of referrals for preschool children since the program was implemented in January, 1980.

Miss Kells had the opportunity to participate, along with Dr. Marvin Klepsch, Early Childhood Psychologist, and Jhansi Koneru, Public Health Nurse, in a series of presentations to parent groups. These evening presentations in Colonsay, Clavet, Allan and Sunset Estates included information on normal preschool growth and development, speech and language development, behavior, discipline, methods of helping to stimulate growth and development, and lively question and answer periods.

Community Health Services Branch is attempting to develop pamphlets to provide parents with more information about the usual development of speech and language skills in young children and ways that they can help their children to develop their communication skills. Miss Kells worked on a committee developing a series of pamphlets for the parents of infants, toddlers, and preschoolers.

As part of its program to improve its services to the public, Saskatchewan Health developed a Consumer Relations course for its employees. In September of 1985, Miss Kells was trained as an instructor and subsequently offered workshops to other employees of the department to help them develop their skills in providing services to the public.

Along with her caseload responsibilities, Miss Slegel serves on the Regional Early Co-ordinating Committee (RECCC), as a representative of the Saskatoon Rural Health Region. RECCC in this region serves as a co-ordinating body of representatives of the various departments of Health, Education, and Social Services.

SPEECH/LANGUAGE PATHOLOGY STATISTICS

Source of Referrals

Public Health Nurse (general)	40
3 year Core Screening (January-March, 1986)	12
Early Childhood Psychologist	1
Physician	4
Sask. Hearing Aid Plan	0
Parents	14
Other	13
TOTAL	84

Diagnoses (by primary problem) (January-March, 1986)

Articulation	10
Language	9
Voice	0
Fluency	1
Associated Conditions	0
TOTAL	20

Status of Cases (Average) (January - March, 1986)

Waiting for assessment	11.7
Waiting for treatment	.7
In Treatment	65.7
By Schedule	
More than 1 x weekly	0
1 x weekly	22.7
2 x monthly	7.0
1 x monthly	4.7
every 1-3 months	15.7
Less every 3 months	16.0
By Type	
Individual	27.3
Group	.7
Third Party Programming	6.3
Review	65.7

Discharge (by reasons) (April/85 - March/86)

Initial assessment normal	5
Treatment goals reached	25
Transferred	24
Moved	6
Service refused	12
Other	2
TOTAL	74

Note: Due to changes in our statistical reporting system some information is available only for the period of January to March of 1986.

EDUCATIONAL PSYCHOLOGIST'S REPORT

Dr. Marvin Klepsch's unfortunate death in August 1985 left a vacuum in the hearts of those who knew him and in the services provided to the communities he served. Between August and January children requiring services were referred to other agencies such as Alvin Buckwold Clinic. Beginning in February 1986 I assumed the position of Early Childhood Psychologist (E.C.P.). As with Dr. Klepsch, 60 percent of my time is spent in the Saskatoon Rural Health Region and 40 percent in the Rosetown region.

The first month was an orientation to the department, staff and communities. During February I attended an E.C.P. meeting in Regina and sat on admission and review committees of the Early Childhood Intervention Program. In March children were seen with the first priority being the backlog of cases that had been waiting, then current referrals.

Dr. Kinman and the staff of Saskatoon Rural Health have been very helpful and supportive. I look forward to working with them.

1985 - 1986
Early Childhood Psychology Statistics

CHILDREN SEEN

Type of Problem	Number of Initial Visits	Number of Follow-up Visits
Developmental	16	16
Behavioural	8	13
Multiple	0	4
TOTAL	24	33

Cameron Barr
Early Childhood Psychologist

CHIROPODY PROGRAM

Dr. E. W. Hauck

Dr. T. P. Reilly

1985-86 has been a year of growth in respect to our caseload in the main clinic and also in our satellite clinics of Watrous and Davidson. To date our caseload (which is combined for Dr.'s Hauck and Reilly) stands at 2826 with total appointment of 7368 (see statistics for breakdown).

A total of 13 nursing homes have been provided inservices in this health region. There has also been several seniors groups accommodated with a foot health education inservice. Dr. Reilly visits Sunnyside Nursing Home every month to tend to patients whom he has been seeing for a number of years. Dr. Hauck participated in the Continuing Nursing Education two-week seminar through the University of Saskatchewan which was well atended. There are also numerous requests from other health care organizations, seniors groups and nursing homes to provide inservices. These will be accommodated in the near future.

The Saskatoon Chiropody Clinic receives approximately 25 referrals weekly. Because we are at a saturation point we are unable to see many new people. The average weekly new patients seen is 15, thus the constant increase in our waiting list which to date stands at 340. Dr. Nick Perry attended the Saskatoon Chiropody Clinic during June while Dr. Hauck was away and again in August when Dr. Reilly was away. This helped tremendously as for the most part he saw new people and kept the waiting list at an ebb during his brief stay.

Dr. Reilly attends the Davidson satellite clinic once a month for two days. The present caseload stands at 102. Since the spring of 1986 the Davidson Chiropody Clinic has moved to the old nurses residence where there are two operatories and one waiting room. There is no waiting list at the Davidson satellite clinic.

Dr. Hauck attends the Watrous satellite clinic which is also in the nurses residence of the hospital. The area we work in is the lounge and offers a curtain to separate the waiting room from the operatory. The present caseload stands at 174 with no waiting list.

With the increase in caseload, waiting list and subsequent work load, there is greater pressure on the staff of this office. Having a part-time receptionist is a great asset. On her days off everyone is acutely aware of her absence and the increased work load, especially on the chiropody assistants. Her presence greatly increases productivity, reduces tension and permits an easier atmosphere for all concerned. Increasing the part-time reception to full time would tremendously enhance the smooth operation of the Saskatoon Chiropody Clinic.

CHIROPODY STATISTICS
1985-86

Saskatoon

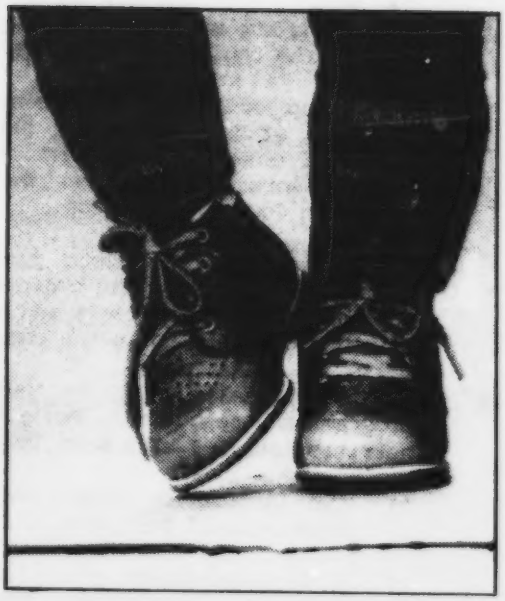
Category:	1	2	3	4
New	211	66	259	325
Return	2153	804	1826	1737
Total	2374	870	2085	2062

Watrous

Category:	1	2	3	4
New	49	8	24	26
Return	79	29	44	32
Total	128	37	68	58

Davidson

Category:	1	2	3	4
New	3	4	29	21
Return	20	4	37	4
Total	23	8	66	25



PUBLIC HEALTH NUTRITIONIST'S REPORT

The position of Public Health Nutritionist commenced in June 1985 for the Saskatoon Rural Health Region. This position is twinned with Prince Albert Health Region.

The role of Public Health Nutritionist is to provide nutrition education to the public to improve the nutritional status and overall health of residents within the health region. It has been a productive and gratifying year with respect to orientation and community nutrition education.

Weekly newspaper columns have been sent to all local newspapers in the region. The columns contain information on pertinent topics of nutrition and are written for the general public. From feedback I have had when in the region, the columns seem to be well received.

Group education has been given to public health nurses, school teachers, students and other personnel, weight control groups, home care and other community organizations. This is in the form of a discussion, talk or workshop. Classes were also given in the rural area through Saskatoon Community College.

Individuals have been counselled with concerns such as allergies, hyperactivity and weight control. Consultative services such as providing information, materials and advice have been given to various individuals and groups also in the community (see statistics).

Provincially, a Nutrition Action Plan was developed for planning programs and resources. Projects were initiated with other public health nutritionists. I have been involved in the following plans:

1) Two information sheets on salt and potassium were developed, which were printed for handouts.

2) A decision-based nutrition game entitled "Choices" was developed. This game complements the School Division III health curriculum which has been introduced in schools. It was distributed to this group of people.

3) Nutrition Action Plans for the Division III curriculum were developed and will be used in the Fall of 1986 for additional curriculum materials.

During National Nutrition Month, a contest was developed for all schools in the health region. For the month of March, students in participating schools monitored their eating habits according to a score sheet and the school with the most points per student was the winner. The winner for the Saskatoon Rural Health Region was St. Alphonse School in Viscount.

I would like to express my appreciation for the assistance, co-operation and support received within the health region. I look forward to the coming year.

Marilee McDermott
Public Health Nutritionist

NUTRITIONIST'S STATISTICS

Group discussions, talks, workshops

Group	Number of meetings	Attendance
School students	4	175
School teachers	2	16
Other school personnel	1	15
Public Health staff	2	21
Consumers	2	45
Other	2	29
Total	13	291

Consultative Services	TOTAL
Health Region staff	28
Department Health staff	2
Public	17
Health Professionals	45
Education Personnel	137
Community Agencies	1
Individual Counselling	3
Total	233

REGIONAL BOARD MEMBERS

District No.	Name	Term Expires
1	Mr. W. Eltom	December 31, 1987
1	Mr. D. Bowman	December 31, 1987
1	Dr. F. Al-Katib	December 31, 1988
2	Mrs. G. Barnes	December 31, 1986
2	Mr. W. Badowsky	December 31, 1988
3	Mr. I. Stockan	December 31, 1988
3	Mr. W. Purcell	December 31, 1986

PERSONNEL

Saskatoon Office

Dr. H. L. Kinman, Regional Director & Medical Health Officer
Mrs. Mary Barilla, Public Health Nurse
Mr. Cameron Barr, Early Childhood Psychologist
Ms. Mary Beug, Clerk Stenographer IV
Mrs. Edna Birnie, Clerk Typist II (part-time)
Mr. Carmen Caswell, Senior Public Health Inspector
Mrs. Doreen Chyz, Clerk Typist II
Mrs. Lorraine Dixon, Public Health Nurse
Miss Elizabeth Drabinasty, Regional Nursing Supervisor
Miss Wendy Fong, Public Health Inspector
Ms. Maureen Frank, Chiropody Assistant
Mrs. Dorothy Gamble, Chiropody Assistant
Mrs. Daphne Goodman-Eifler, Public Health Nurse
Dr. Ed Hauck, Chiropodist
Mrs. Phyllis Keen, Clerk Typist II (part-time)
Miss Colleen Kells, Speech/Language Pathologist
Mrs. Jhansi Koneru, Public Health Nurse
Mr. Dwayne Laushway, Public Health Inspector
Miss Marilee McDermott, Public Health Nutritionist
Miss Colleen Muench, Public Health Nurse
Dr. Pat Reilly, Chiropodist
Mrs. Eleanor Ritchie, Public Health Nurse
Miss Karen Slegel, Speech/Language Pathologist
Mrs. Bev Thompson, Public Health Nurse II
Mrs. Margaret Wood, A/Regional Nursing Supervisor
Mr. Bill Wright, Public Health Inspector II

Davidson Office

Miss Cathy Martin, Public Health Nurse
Mrs. Cathy Palmer, Public Health Nurse

Lanigan Office

Miss Audrey Conn, Public Health Nurse
Mrs. Karen Ullyott, Public Health Nurse

DISTRICT HEALTH COUNCIL REPRESENTATIVES
Saskatoon Rural Health Region, 1986

Health District No. 1

Bruno	Percy Schweiger	Box 400, Bruno S0G 0S0
Colonsay	H. H. McNaught	Box 262, Colonsay S0K 0Z0
Craik	Mayor Ruth Meshke	Craik S0G 0V0
• Davidson	Dr. F. Al-Katib	Box 698, Davidson S0G 1A0
Imperial	David G. Kelly	Box 355, Imperial S0G 2J0
Lanigan	Eric Best	Box 325, Lanigan S0K 2M0
• Watrous	W. H. Eltom	Box 550, Watrous S0K 4T0
Aylesbury	Henry Watkins	Box 65, Aylesbury S0G 0B0
Bladworth	Peter D. Beckie	Box 55, Bladworth S0G 0J0
Drake	Jake K. Neufeld	Drake S0K 1H0
Elbow Beach	Donald Anderson	Liberty S0K 2A0
Girvin	Jim A. Legge	Box 1, Girvin S0G 1X0
Guernsey	Vince Knaus	Guernsey S0K 1W0
Jansen	Normal Abell	Box 1, Jansen S0K 2B0
Kenaston	Lillian Sellers	Kenaston S0G 3N0
Liberty	Donna Schreiffler	Box 143, Liberty S0K 2A0
Lockwood	Ed Meissner	Lockwood S0K 2A0
Manitou Beach	Frank Hyslop	Box 838, Watrous S0K 4T0
Meacham		
Plunkett	W. R. Hastie	Plunkett S0K 3J0
Simpson	R. Gary Vanthuyne	Simpson S0G 4M0
Viscount	Doug Baker	Viscount S0K 4M0
Young	Joyce Brennan	Young S0K 4Y0
Zelma	Maxine Fischer	Box 22, Zelma S0K 4E0
Arm River 252	Lorne Willner	Box 325, Davidson S0G 1A0
Bayne 371	Francis Yanpwirth	Box 429, Bruno S0K 0S0
Big Arm 251	Rev McDougall	Box 104, Liberty S0G 3A0
Colonsay 342	Ray Simmons	Colonsay S0K 0Z0
Craik 222	Thomas Smith	Craik S0G 0V0
McCraney 282	Frank Masich	Box 95, Bladworth S0G 0J0
Morris 312	Donald Reevers	Allan S0K 0C0
Prairie Rose 309	Norbert Nafziger	Box 100, Lockwood S0K 2R0
• Osborne 310	Donald J. Bowman	Box 86, Guernsey S0K 1W0
Viscount 341	James Dale	Box 51, Plunkett S0K 3J0
Willner 253	Viola Greene	Box 188, Davidson S0G 1A0
Wood Creek 291	Alvin Abrey	Box 132, Simpson S0G 4M0

• BOARD MEMBERS

Health District No. 2

Allan	Deanna Gaudry	Box 395, Allan S0K 0C0
Hanley	Ernest Matycio	Hanley S0G 2E0
• Vonda	Wally Badowsky	Box 220, Vonda S0K 4N0
Aberdeen	Mrs. K. Gordon	Box 208, Aberdeen S0K 0A0
Bradwell	Karen Zasitko	Bradwell S0K 0P0
Clavet	Elsie Gronsdahl	Box 68, Clavet S0K 0Y0
Dundurn	Jessie Williams	Box 402, Dundurn S0K 1K0
Elbow	Valerie Hundeby	Elbow S0H 1J0
Elstow	Gilbert Gaudet	Elstow S0K 1H0
Hawarden	Gerry Cooper	Box 10, Hawarden S0H 1Y0
Loreburn	Dale Bristow	Loreburn S0H 2S0
Prud'homme	Mayor Steve Sopotyk	Prud'homme S0K 3K0
Strongfield	Darryl Norrish	Strongfield S0K 3E0
Resort Village of Thode	Glenn Watts	84 Deborah Cres, S'toon S7J 2W8
Aberdeen 373	Don Hryciw	Aberdeen S0K 0A0
Blucher 343	Mae O'Hagan	Box 178, Allan S0K 0C0
Dundurn 314	Kelvin Boechler	R.R.#5, Saskatoon S7K 3J8
Grant 372	Al Burtney	Cudworth S0K 1B0
Loreburn 254	J. A. Forrest	Box 40, Loreburn S0H 0C0
• Lost River 313	Gertrude Barnes	Box 266, Allan S0K 0C0
Rosedale 283	William Hannah	Box 267, Kenaston S0G 2N0

Health District No. 3

Asquith	Cindy Chrunch	Box 302, Asquith S0K 0J0
Dalmeny	C. W. Giesbrecht	Box 400, Dalmeny S0K 1E0
Delisle	George Jameson	Box 245, Delisle S0L 0P0
• Langham	Ian H. Stockan	230 Quill Crt., S'toon S7K 4V2
Martensville	John Cutts	Box 365, Martensville S0K 2T0
Osler	Sarah Peters	Box 154, Osler S0K 3A0
Radisson	Violet Kyluik	Box 99, Radisson S0K 3L0
Waldheim	John Klassen	Box 214, Waldheim S0K 4R0
Warman	Ken Froese	Box 291, Warman S0K 4S0
Borden	Archie Wainwright	Borden S0K 0N0
Hepburn	Mrs. V. M. Gossen	Box 15, Hepburn S0K 1Z0
Laird	Walter Funk	Box 73, Laird S0K 2H0
Vanscoy	Mr. A. Gilbertson	Vanscoy S0L 3J0
Corman Park 344	Ray Schafer	128-112th St., S'toon S7N 1T9
Great Bend 405	Ken Tanchak	Borden S0K 0N0
Laird 404	Henry A. Basty	Box 7, Dalmeny S0K 1E0
• Montrose 315	W. Purcell	R.R.#3, Saskatoon S7K 3J6
Vanscoy 345	Donald Kinzie	R.R.#3, Saskatoon S7K 3J6

• BOARD MEMBERS